

REDMAN VAN & STORAGE C

	TIME ST	TARTED	

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	TIME	0.00	

289515 10 24	0 South, Salt Lake City, U E-16 Free	tah (801) 972-4420 855 eport Center, Clearfield, Ut	ah (801) 776-264	45	203313	EST. COST	NO. ROOMS
10-Δρ-14	2 AT	CHRG PER	MARGE UTO WASHER		10 - 22 - 14 ER PIANO	FREEZER	1 EST. WEIGHT
REG PAGE	CKING RANGE	REFRIG. /	OTO WASHER	AUTOUTTE			190
REDMAN VAN & S SHIP 2571 W. 2590 S SALT LAKE CITY	SOUTH	FICE	SHIP	516 WES	FERRON ST 780 NORT JTAH 84057		253-1183
ATTN:		72°4420	DÂNI	EL		435	^E 253-0283
STORAGE ALL OUT # OUT		TYPE	1		FITHER		ER OF PERSONNEL
NVC 1603731				PACK NO. DEL DRUM 1.5 3.0 4.5 6.0	Rod C	NAME	TIME OUT
SPECIAL INSTRUCTIONS:				V. ROBE	- Th	an	
NVC THRESHOLD DE DELIVER TO FIRST DO NOT UNPACK DRIVER FILL OUT MARKED IN BLUE S¶GN AND DATE AR		RYWAY ON POD USTOMER IN YELLOW		SNGL. DBL. KING QUEEN TAL PACKI	NG P	V. 4	r'CP
* * IMPORTANT L	IABILITY IN	ORMATION	* *		· · · · · /	5. V	, 10
THE RESPONSIBILITY OF THIS CONTENTS IS LIMITED TO 60 HIGHER VALUE MAY BE DECADDITIONAL PROTECTION VHIGHER VALUE ASSUMES 600 SHIPMENT IS RELEASED AT 6	(SIXTY) CENTS PEI CLARED BELOW AI VILL BE ASSESSE C PER LB. LIABILITY	R POUND PER ARTI ND A HIGHER RAT D. FAILURE TO DEC	CLE. A E FOR CLARE N	NON PRODU COMPUTATION OF CHARGES MAN & VAN	CTIVE TIME (DRIVE NO. OF REG. O.T. MEN HRS. HOURS	THE RESERVE THE PROPERTY OF THE PERSON OF	
DECLARED VALUE IS GREATE	R THAN 60¢ PER P	OUND.		EXTRA MEN			0/
CUSTOMER REQUESTS: NOTE: ADDITIONAL PREMIUM MUST BE PAID TO COV- ER A HIGHER VALUE DECLARED. AMOUNTS DECLARED WITHOUT PREMIUM PAYMENT WILL	DEPRECIATED V. PROTECTION FO REPLACEMENT (PROTECTION FO DECLARED VALUENTIRE SHIPME	DR \$ COST DR \$ JE MUST EQUAL CO	ST OF	STORAGE C	PROTECTION CHA HARGES (PER ASE EXPLAIN)) FSC	\$.56 58 .57
CUSTOMER SIGNATURE X PRINT NAME GOODS RECEIVED IN GOOD CONDITION CUSTOMER SIGNATURE ACKNOWLEDGE DITIONS ON REVERSE SIDE.	EXCEPT AS NOTED.	ARRIVED P.M. TIME DEPART A.M. P.M.	CUST.	ARRANGEM TERMS ARE BE BILLED A EVENT LEG AMOUNTS,	E PREPAID OR UPOI MENTS MUST BE A NET 7 DAYS OF RE NT 11/2% PER MONTH GAL ACTION IS NEC CUSTOMER AGR ND COLLECTION C	APPROVED IN AD CEIPT OF INVOICE HON PAST DUE AC CESSARY TO COL REES TO PAY AT	OF MOVE. CREDIT DVANCE. CREDIT E. INTEREST WILL CCOUNTS. IN THE LECT PAST DUE



ICON HEALTH AND FITNESS -

861678182

BEAUMONT, CA

LTL Pro #:

LTL Carrier: 435234

Questions? Please call

TD

NVC Pro#

1603731

File# 1603731

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SHIPPER

41925000000

41932000000

ACCOUNT INFORMATION CONSIGNEE

UPS-ICON

Order#

PO#

RA#

Shipper B/L#: 115534459

909077-CC

00847007169390

435-253-0283

516 W 780 N

DANIEL FERRON

OREM, UT 84057

DP: 226542 41931165203 Description Pieces Manufacturer SKU LxWxH Weight PFTL71013 **ICON FITNESS** FITNESS EQUIPMENT 190 Total Total 190

861678182

Description of Services Performed:	Threshold Delivery			1		
	✓ Inside Delivery ☐ Room of Choice ☐ Unpack / Debris Removal / Basic Setup ☐ Assembly ☐ Connect Cable/DVD/VCR					
Special Instructions: Deliver in	iside any first floor entryway of con	signee's residence				
Delivery Details: Start Time	End Time	# of Men	Stair Carry: # of Flights:	N/A Room:		
				*		
. 45						
Chool Co						
Check One:	Delivery Completed			☐ Delivery Refused		
text@nvclogistics.com	red3731d			red3731r		
Exception Notes:						
Exception Notes.			3"	,		
			*			

				Dog		
CONGIONEE FOR YOU	D DDOTECTION DI FACE	DEAD DEFORE	CICNING:			
CONSIGNEE FOR YOUR PROTECTION, PLEASE READ BEFORE SIGNING:						
Please inspect your carton(s) and residence upon completion of delivery. By signing below, you agree that: 1.) the delivery team has fully performed the services described above; 2.) the carton(s) are in satisfactory condition and there is no damage to the carton(s) or your residence. Any exceptions (ex. Paragraphy must be noted in writing in the "Exception Modes are a shown."						
Damage) must be noted in writing in the	a "Exception Notes" area above.	MAA I	A C. C.A.	A Allin		
Consignee Signature:		Print Name:	TENTO	Date: 10 2914 5		
	011			Date:		
Driver Signature:		Print Name:		Date:		